## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SEMICONDUCTOR INTEGRATED CI	RCUIT					
the application of which  Is attached hereto	OR	☐ was filed on	Application (Application), and	n Number	ates Application on	
I hereby state that I have reviewed and a by any amendment specifically referred		ntents of the above identified app	plication, ir	cluding the cla	ims, as amended	
I acknowledge the duty to disclose in continuation-in-part application(s), mate the national or PCT international filing d	rial information v	which became available between				
I hereby claim foreign priority benefits a or plant breeder's rights certificate(s), or than the United States of America, liste patent, inventor's or plant breeder's right application on which priority is claimed.	r 365(a) of any Pod d below and have ts certificate(s), or	CT international application(s) valso identified below, by check	which designing the bo	nated at least o	ne country other application(s) for	
Duise Francisco Amelication Number(s)	<b>a</b> .	Family Fitter	gn Filing Date /Month/Year) /9/2002	•	Priority Claimed	
Prior Foreign Application Number(s) 281409/2002	Counti Japan	(Day/Month, 26/9/200		Yes	No	
I hereby claim domestic priority benefits States provisional application(s), or §36 insofar as the subject matter of each International application in the manner p to disclose any information material to t filing date of the prior application and th	5(c) of any PCT is of the claims of provided by the fir the patentability o	International application(s) design this application is not disclose st paragraph of Title 35, United for this application as defined in 3	nating the d in a list States Cod 7 C.F.R. 1	United States, led prior United e, §112, I acknowledge	listed below and, d States or PCT owledge my duty	
Prior U.S. or International Application Number(s)						

I hereby appoint all attorneys of **SUGHRUE MION**, **PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.



PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:								
Given Name YASUSHI (first and middle [if any])		KINOSHITA Family Name or Surname						
Inventor's Signature Yasus	he Benostic	ra 😩	Date S	September 18, 2003				
Residence: City Tokyo	State	Country Japan		Citizenship Japanese				
Mailing Address: c/o NEC Corporation, 7-1, Shiba 5-chome, Minato-ku, Tokyo, Japan								
City Tokyo	3			Country Japan				
NAME OF SECOND INVENTOR:								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature			Date					
Residence: City	State	Country		Citizenship				
Mailing Address:			1					
City	State	Zip	1	Country				
NAME OF THIRD INVENTOR:								
Given Name								
(first and middle [if any])		Family Name or Surname						
Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
NAME OF FOURTH INVENTOR:								
Given Name (first and middle [if any])	Family Name or Surname							
Inventor's Signature			Date					
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
NAME OF FIFTH INVENTOR:	· · · · · · · · · · · · · · · · · · ·	•						
Given Name								
(first and middle [if any])		Family Name or Surname						
Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
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